Case 20-13811-amc Doc 27 Filed 03/26/21 Entered 03/26/21 10:44:49 Desc Main Document Page 1 of 2

Fill in this information to i	dentify your ca	ico.				
	Kristin A Lar					
Debtor 2 (Spouse, if filing)						
United States Bankruptcy	Court for the:	EASTERN DISTRICT	OF PENNSYLVANIA			
Case number (If known) 20-13811-AMC				Chec	ck if this is:	
			-		An amended filing	
					A supplement showing postpetition cha 13 income as of the following date:	pter
Official Form 1	<u>061</u>			Ī	MM / DD/ YYYY	
Schedule I: Y	our Inco	ome				12/15
attach a separate sheet not be part 1: Describe E	to this form. (r spouse is not filing wi On the top of any additi	ith you, do not include informatic onal pages, write your name and	on abou case n	nt your spouse. If more space is nee umber (if known). Answer every qu	ded, ∍stion
 Fill in your employ information. 	ment		Debtor 1		Debtor 2 or non-filing spouse	
If you have more that		F	■ Employed		☐ Employed	
attach a separate pa information about ac employers.	on about additional	Employment status	☐ Not employed		☐ Not employed	
, ,		Occupation	Registered Nurse			
Include part-time, se self-employed work.		Employer's name	Cancer Treatment Center o America	f		
Occupation may inc or homemaker, if it a		Employer's address	2610 Sheridan Road Zion, IL 60099			
		How long employed t	here? 9.5 Years			_
Part 2: Give Detai	ls About Mon	thly Income				
Estimate monthly incom spouse unless you are se		ate you file this form. If	you have nothing to report for any I	ine, writ	e \$0 in the space. Include your non-fili	ng
If you or your non-filing sp more space, attach a sepa			ombine the information for all emplo	yers for	that person on the lines below. If you	need

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.

- Estimate and list monthly overtime pay. 3.
- Calculate gross Income. Add line 2 + line 3.

		For Deptor 1		non-filing spouse		
2.	\$	7,613.99	\$	N/A		
3.	+\$	0.00	+\$	N/A		
4.	\$	7,613.99	\$	N/A		

Schedule I: Your Income Official Form 106I page 1

Debt	or 1	Kristin A Large	_	Case	number (if known)	20-13811-	AMC	
				For Debtor 1		For Debtor 2 or non-filing spouse		
	Сору	y line 4 here	4.	\$	7,613.99	\$	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	2,250.76	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	191.89	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify: Flex Spending Account	5h.+	- \$	173.28	+ \$	N/A	
		Supp Life	_	\$_	11.37	\$	N/A	
		Group Accident		\$	20.49	\$	N/A	
		Child Life	_	\$	2.88	\$	N/A	
		Cafeteria	_	\$_	74.25	\$	N/A	
		Asst in Hc		\$	10.80	\$	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,735.72	\$	N/A	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	4,878.27	\$	N/A	
9.	8a. 8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: 2018 Proportionate Tax Refund all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	8c. 8d. 8e.	\$	0.00 0.00 0.00 0.00 0.00 0.00 601.17	\$\$ \$\$ \$\$ + \$	N/A N/A N/A N/A N/A N/A	1
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		5,479.44 + \$	N/A	<u>. </u>	5,479.44
11.	State Inclu	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, you r friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not	r depen		•	ted in <i>Schedu</i>	le J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certains						5,479.44
13.	Do y	rou expect an increase or decrease within the year after you file this form					Combin monthly	ed income
		Yes. Explain: Debtor has received notice from her employer the	hat she	e is b	eing laid-off.			

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